Complete Summary

GUIDELINE TITLE

One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. 50 p. (Public health intervention guidance; no. 3). [15 references]

GUIDELINE STATUS

This is the current release of the guideline.

In March 2010, these recommendations will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2012.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Chlamydia and other sexually transmitted infections (STIs), including human immunodeficiency virus (HIV)
- Conceptions in vulnerable young people aged under 18

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Internal Medicine
Nursing
Obstetrics and Gynecology
Pediatrics
Preventive Medicine
Urology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Hospitals
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To produce public health guidance on interventions to reduce the transmission of chlamydia (including screening) and other sexually transmitted infections (including human immunodeficiency virus) and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups

TARGET POPULATION

Vulnerable young people aged under 18. This may include young people:

- From disadvantaged backgrounds
- Who are in – or leaving – care
- Who have low educational attainment

Key groups at risk of sexually transmitted infections (STIs) including:

- Men who have sex with men
- People who have come from or who have visited areas of high human immunodeficiency virus (HIV) prevalence

INTERVENTIONS AND PRACTICES CONSIDERED

1. Identification of individuals at high risk of sexually transmitted infections (STIs)
2. Structured discussion with patients at high risk of STIs
3. Partner notification and treatment for patients with STIs (referral to specialist if necessary)
4. Provision of infection specific information
    - Home sampling kit for Chlamydia
5. Provide sexual health advice
    - Prevention and testing for STIs
    - Prevention of unwanted pregnancies
    - All methods of reversible contraception
    - Other reproductive issues
    - Health promotion advice (for young women under 18 who are pregnant or already mothers)
    - Opportunities for returning to education, training and employment (for young women under 18 who are pregnant or already mothers)
    - Referral to relevant agencies including services for reintegration into education and work (for young women under 18 who are pregnant or already mothers)
6. Ensure that sexual health services, including contraceptive and abortion services, are in place to meet local needs

MAJOR OUTCOMES CONSIDERED

- Reductions in the under 18 conceptions
- Prevalence and incidence of Chlamydia and female reproductive tract morbidity
- Incidence and prevalence of sexually transmitted infections including human immunodeficiency virus (patient and index patient), number of partners contacted, tested and treated
- Cost-effectiveness

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Key Questions

Key questions were established as part of the scope. They formed the starting point for the reviews of evidence and facilitated the development of recommendations by the Public Health Interventions Advisory Committee (PHIAC). Refer to appendix D in the original guideline document for a list of key questions.

Evidence of Effectiveness

Three reviews of effectiveness were conducted:

- Review 1 "Contraceptive advice and provision for the prevention of under 18 conceptions and sexually transmitted infections: a rapid review"
- Review 2 "Review of evidence for the effectiveness of screening for genital chlamydial infection in sexually active young women and men"
- Review 3 "Review of evidence for the effectiveness of partner notification for sexually transmitted infections (STIs) including human immunodeficiency virus (HIV)"

Identifying the Evidence

The following core databases were searched for randomised controlled trials, controlled before/after studies and qualitative studies (process only): Medline, Embase, Psychinfo, DARE and Sigle from 1990–2005. Reference lists from included studies were hand searched.

Further details of databases, search terms and strategies are included in the review reports.

Selection Criteria

Inclusion and exclusion criteria for each review varied and details can be found at: http://guidance.nice.org.uk

However, in general:

- Review 1 included one to one interventions which offered information, advice, condoms, counselling, cognitive behavioural therapy and/or activities that increase self-confidence, self-esteem and skill development
- Review 2 considered any activity described as screening or where testing for chlamydia was offered to asymptomatic sexually active adults
- Review 3 considered any intervention described as partner notification or contact tracing, or where partners were located and informed that they have been exposed to an infection
- Studies in both National Health Service (NHS) and non-health settings were considered. Details of the studies that were excluded can be found in the reviews.

Economic Appraisal

The economic appraisal consisted of a review of economic evaluations and a cost-effectiveness analysis.

Review of Economic Evaluations

A systematic search was carried out on four databases from January 1990 to December 2005: Econlit, NHS HEED, NEED, DARE. The results of these searches were supplemented by results from the parallel effectiveness reviews and additional papers identified by NICE. The main inclusion criteria were:

- Studies focused on one to one interventions
- Studies set in countries in Europe, US, Canada and Australia
- Studies set in prison, army, primary care and secondary care settings

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Study Type

- Meta-analyses, systematic reviews of randomised clinical trials (RCTs) or RCTs (including cluster RCTs).
- Systematic reviews of, or individual, non-randomised controlled trials, case-control studies, cohort studies, controlled before-and-after studies, interrupted time series studies, correlation studies.
- Non-analytical studies (for example, case reports, case series).
- Expert opinion, formal consensus.

Study Quality

++ All or most of the criteria have been fulfilled. Where they have not been fulfilled the conclusions are thought very unlikely to alter.

+ Some criteria have been fulfilled. Those criteria that have not been fulfilled or not adequately described are thought unlikely to alter the conclusions.

– Few or no criteria fulfilled. The conclusions of the study are thought likely or very likely to alter.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Quality Appraisal

Included papers were assessed for methodological rigour and quality using the National Institute for Health and Clinical Excellence (NICE) methodology checklist, as set out in the NICE technical manual 'Methods for development of NICE public health guidance' (see "Availability of Companion Documents" field in this summary). Each study was described by study type and graded (++, +, -) to reflect the risk of potential bias arising from its design and execution.

The studies were also assessed for their applicability to the UK.

Summarizing the Evidence and Making Evidence Statements

Data from the reviews was summarised in evidence tables (see full reviews and the synopsis). Outcomes of interest included:

- Review 1: reductions in under 18 teenage conceptions and sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) (primary outcomes), and increased condom use, improved sexual health knowledge, and a reduction in the number of sexual partners and general sexual risk taking (intermediate outcomes)
- Review 2: reduction in the prevalence and incidence of chlamydia and female reproductive tract morbidity
- Review 3: reduction in the incidence and prevalence of STI (patient and index patient), increase in number of partners contacted, tested and treated.

The findings from the reviews were synthesised and used as the basis for a number of evidence statements relating to each key question. The evidence statements reflect the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

Economic Appraisal

Included studies were assessed for quality using a checklist based on the criteria developed by Drummond et al. Studies were then given a score (++, +, -) to reflect the risk of potential bias arising from its design and execution. The evidence tables for the cost-effectiveness review are included in the review (see appendix E in the original guideline document).

Cost-Effectiveness Analysis

Economic models were constructed to incorporate data from the reviews of effectiveness and cost effectiveness. The results are reported in 'Public Health Interventions Advisory Committee (PHIAC) 6.7 economic modelling report' (University of Birmingham) and 'PHIAC 6.10 economic modelling report' (NERA consultancy). They are available on the NICE website at: http://guidance.nice.org.uk.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

How Public Health Interventions Advisor Committee (PHIAC) Formulated the Recommendations

At its meetings in May 2006 and September 2006 PHIAC considered the evidence of effectiveness and cost effectiveness. In addition, at its meeting in December

2006, it considered comments from stakeholders and the results from fieldwork to determine:

- Whether there was sufficient evidence (in terms of quantity, quality and applicability) to form a judgement
- Whether, on balance, the evidence demonstrates that the intervention is effective or ineffective, or whether it is equivocal
- Where there is an effect, the typical size of effect

PHIAC developed draft recommendations through informal consensus, based on the following criteria.

- Strength (quality and quantity) of evidence of effectiveness and its applicability to the populations/settings referred to in the scope
- Effect size and potential impact on population health and/or reducing inequalities in health
- Cost effectiveness (for the National Health Service and other public sector organisations)
- Balance of risks and benefits
- Ease of implementation and the anticipated extent of change in practice that would be required

Where possible, recommendations were linked to an evidence statement(s) (see appendix A in the original guideline document for details). Where a recommendation was inferred from the evidence, this was indicated by the reference 'IDE' (inference derived from the evidence).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Cost-Effectiveness Evidence

Overall, one to one interventions were found to be cost effective. The results of the cost-effectiveness analysis are summarised below.

Sexually Transmitted Infection (STI) Counselling Interventions

Most of the brief STI counselling interventions appear cost effective when compared with 'usual treatment' (using £30,000 per QALY as the threshold). The incremental analysis demonstrated that brief interventions involving information giving or developing motivation and behavioural skills (particularly among women) produce the greatest benefits for the least cost. More intensive behavioural skills counselling and enhanced counselling appear to be least cost effective. These analyses apply to the general population, including vulnerable young women.

In the absence of data, no costs were attributed to 'usual treatment'. As a result, when interventions are compared against usual treatment the cost difference may

be overestimated and the incremental cost-effectiveness ratios may be artificially high.

The loss of quality of life (QALYs lost) is particularly important in the analysis. The cost per QALY may be high (if low values are assigned to the change in quality of life) but brief STI counselling falls below a £30,000 per QALY threshold (based on 0.1 of a QALY change).

Partner Notifications at General Practitioner (GP) Clinics

Partner notification by a practice nurse in a general practice costs the same as in a genitourinary medicine setting – but more patients can be treated in a GP setting.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The draft guidance, including the recommendations, was released for consultation in October and November 2006. The guidance was signed off by the National Institute for Health and Clinical Excellence (NICE) Guidance Executive in February 2007.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This document constitutes the Institute's formal guidance on one to one interventions to prevent sexually transmitted infections (STIs) and under 18 conceptions. The recommendations in this section are presented without any reference to evidence statements. Appendix A in the original guideline document repeats the recommendations and lists their linked evidence statements.

Recommendation 1

Who is the target population?

Key groups at risk of STIs including:

- Men who have sex with men
- People who have come from or who have visited areas of high human immunodeficiency virus (HIV) prevalence

Behaviours that increase the risk of STIs include:

- Misuse of alcohol and/or substances
- Early onset of sexual activity

- Unprotected sex and frequent change of and/or multiple sexual partners

Who should take action?

Health professionals working in:

- General practice
- Genito-urinary medicine (GUM)
- Community health services (including community contraceptive services)
- Voluntary and community organisations
- School clinics

What action should they take?

- Identify individuals at high risk of STIs using their sexual history. Opportunities for risk assessment may arise during consultations on contraception, pregnancy or abortion, and when carrying out a cervical smear test, offering an STI test or providing travel immunisation. Risk assessment could also be carried out during routine care or when a new patient registers.
- Have one to one structured discussions with individuals at high risk of STIs (if trained in sexual health), or arrange for these discussions to take place with a trained practitioner.

Recommendation 2

Who is the target population?

Key groups at risk of STIs including:

- Men who have sex with men
- People who have come from or who have visited areas of high HIV prevalence

Behaviours that increase the risk of STIs include:

- Misuse of alcohol and/or substances
- Early onset of sexual activity
- Unprotected sex and frequent change of and/or multiple sexual partners

Who should take action?

Health professionals trained in sexual health who work in:

- General practice
- GUM
- Community health services (including community contraceptive services)
- Voluntary and community organisations
- School clinics

What action should they take?

- Have one to one structured discussions with individuals at high risk of STIs. The discussions should be structured on the basis of behaviour change theories. They should address factors that can help reduce risk-taking and improve self-efficacy and motivation. Ideally, each session should last at least 15–20 minutes. The number of sessions will depend on individual need.
- For details of a range of behaviour change theories see *Predicting Health Behaviour* by Mark Conner and Paul Norman.

Recommendation 3

Who is the target population?

Patients with an STI

Who should take action?

- Health professionals working in general practice, GUM and community health services (including community contraceptive services), voluntary and community organisations and school clinics. (However, they may need to refer the patient to a specialist.)
- Specialists with responsibility for helping to contact, test and treat partners of patients with an STI (partner notification). They may be sexual health advisers, general practitioners or practice nurses providing enhanced sexual health services, chlamydia screening coordinators or GUM clinicians.

What action should they take?

- Help patients with an STI to get their partners tested and treated (partner notification), when necessary. This support should be tailored to meet the patient's individual needs.
- If necessary, refer patients to a specialist with responsibility for partner notification. (Partner notification may be undertaken by the health professional or by the patient.)
- Provide the patient and their partners with infection-specific information, including advice about possible re-infection. For chlamydia infection, also consider providing a home sampling kit.

Recommendation 4

Who is the target population?

Population served by a Primary Care Trust (PCT)

Who should take action?

PCT commissioners

What action should they take?

- Ensure that sexual health services, including contraceptive and abortion services, are in place to meet local needs. All services should include

arrangements for the notification, testing, treatment and follow-up of partners of people who have an STI (partner notification).
- Define the role and responsibility of each service in relation to partner notification (including referral pathways).
- Ensure staff are trained.
- Ensure there is an audit and monitoring framework in place.

Recommendation 5

Who is the target population?

Vulnerable young people aged under 18. This may include young people:

- From disadvantaged backgrounds
- Who are in – or leaving – care
- Who have low educational attainment

For a more detailed definition of vulnerable young people see Department for Education and Skills (2006) "Teenage Pregnancy: Accelerating the Strategy to 2010."

Who should take action?

- GPs, nurses and other clinicians working in healthcare settings such as primary care, community contraceptive services, antenatal and postnatal care, abortion and GUM services, drug/alcohol misuse and youth clinics, and pharmacies
- GPs, nurses and other clinicians working in non-healthcare settings such as schools and other education and outreach centres

What action should they take?

- Where appropriate, provide one to one sexual health advice on:
    - How to prevent and/or get tested for STIs and how to prevent unwanted pregnancies
    - All methods of reversible contraception, including long-acting reversible contraception (LARC) (in line with National Institute for Health and Clinical Excellence (NICE) clinical guideline 30)
    - How to get and use emergency contraception
    - Other reproductive issues and concerns
- Provide supporting information on the above in an appropriate format.

Recommendation 6

Who is the target population?

Vulnerable young women aged under 18 who are pregnant or who are already mothers. This may include young women:

- From disadvantaged backgrounds
- Who are in – or leaving – care

- Who have low educational attainment

For a more detailed definition of vulnerable young people see Department for Education and Skills (2006) "Teenage Pregnancy: Accelerating the Strategy to 2010."

Who should take action?

- Midwives and health visitors who provide antenatal, postnatal and child development services

What action should they take?

- Regularly visit vulnerable women aged under 18 who are pregnant or who are already mothers.
- Discuss with them and their partner (where appropriate) how to prevent or get tested for STIs and how to prevent unwanted pregnancies. The discussion should cover:
    - All methods of reversible contraception, including LARC (in line with NICE clinical guideline 30), and how to get and use emergency contraception
    - Health promotion advice, in line with NICE guidance on postnatal care (NICE clinical guideline 37)
    - Opportunities for returning to education, training and employment in the future
- Provide supporting information in an appropriate format.
- Where appropriate, refer the young woman to the relevant agencies, including services concerned with reintegration into education and work.

CLINICAL ALGORITHM(S)

The original guideline document contains a clinical algorithm for one to one interventions to prevent STIs and under 18 conceptions.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type and quality of supporting evidence is identified and graded for each recommendation (see Appendix A in the original guideline document).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate use of interventions to prevent sexually transmitted infections and under 18 conceptions

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The Healthcare Commission assesses the performance of National Health Service organisations in meeting core and developmental standards set by the Department of Health (DH) in 'Standards for better health' issued in July 2004. The implementation of National Institute for Health and Clinical Excellence (NICE) public health guidance will help organisations meet the standards in the public health (seventh) domain in 'Standards for better health'. These include the core standards numbered C22 and C23 and the developmental standard D13. In addition, implementation of NICE public health guidance will help meet the health inequalities target as set out in 'The NHS in England: the operating framework for 2006/7'.

NICE has developed tools to help organisations implement this guidance. The tools will be available on our website (www.nice.org.uk/PHI003).

- Costing tools:
  - Costing report to estimate the national savings and costs associated with implementation
  - Costing template to estimate the local costs and savings involved
- Slides highlighting key messages for local discussion
- Practical advice on how to implement the guidance and details of national initiatives that can provide support
- Audit criteria to monitor local practice

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Clinical Algorithm
Quick Reference Guides/Physician Guides
Resources
Slide Presentation

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. 50 p. (Public health intervention guidance; no. 3). [15 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Feb

GUIDELINE DEVELOPER(S)

National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]

SOURCE(S) OF FUNDING

National Institute for Health and Clinical Excellence (NICE)

GUIDELINE COMMITTEE

NICE Project Team
Public Health Interventions Advisory Committee (PHIAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

NICE Project Team Members: Mike Kelly, CPHE Director; Antony Morgan, Associate Director; Geraldine McCormick, Analyst; Amanda Killoran, Analyst; Bhash Naidoo, Technical Adviser (Health Economics)

Public Health Interventions Advisory Committee (PHIAC) Members: Mrs Cheryll Adams, Professional Officer for Research and Practice Development with the Community Practitioners' and Health Visitors' Association (CPHVA); Professor Sue Atkinson, CBE Independent Consultant and Visiting Professor in the Department of Epidemiology and Public Health, University College London; Professor Michael Bury, Emeritus Professor of Sociology at the University of London and Honorary Professor of Sociology at the University of Kent; Professor Simon Capewell, Chair of Clinical Epidemiology, University of Liverpool; Professor K K Cheng, Professor of

Epidemiology, University of Birmingham; Mr Philip Cutler, Forums Support Manager, Bradford Alliance on Community Care; Professor Brian Ferguson, Director of the Yorkshire and Humber Public Health Observatory; Professor Ruth Hall, Regional Director, Health Protection Agency, South West; Ms Amanda Hoey, Director, Consumer Health Consulting Limited; Mr Andrew Hopkin, Senior Assistant Director for Derby City Council; Dr Ann Hoskins, Deputy Regional Director of Public Health for NHS North West; Ms Muriel James, Secretary for the Northampton Healthy Communities Collaborative and the King Edward Road Surgery Patient Participation Group; Professor David R Jones, Professor of Medical Statistics in the Department of Health Sciences, University of Leicester; Dr Matt Kearney, General Practitioner, Castlefields, Runcorn and GP Public Health Practitioner, Knowsley; Ms Valerie King, Designated Nurse for Looked After Children for Northampton PCT, Daventry and South Northants PCT and Northampton General Hospital, Public Health Skills Development Nurse for Northampton PCT; Dr Catherine Law (*Chair*) Reader in Children's Health, Institute of Child Health, University College London; Ms Sharon McAteer, Health Promotion Manager, Halton PCT; Professor Klim McPherson, Visiting Professor of Public Health Epidemiology, Department of Obstetrics and Gynaecology, University of Oxford; Professor Susan Michie, Professor of Health Psychology, BPS Centre for Outcomes Research & Effectiveness, University College London; Dr Mike Owen, General Practitioner, William Budd Health Centre, Bristol; Ms Jane Putsey, Lay Representative, Chair of Trustees of the Breastfeeding Network; Dr Mike Rayner, Director of British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford; Mr Dale Robinson, Chief Environmental Health Officer, South Cambridgeshire District Council; Professor Mark Sculpher, Professor of Health Economics at the Centre for Economics (CHE), University of York; Dr David Sloan, Retired Director of Public Health; Dr Dagmar Zeuner, Consultant in Public Health, Islington PCT

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All members of the Public Health Interventions Advisory Committee are required to make an oral declaration all potential conflicts of interest at the start of the consideration of each public health intervention appraisal. These declarations will be minuted and published on the National Institute for Health and Clinical Excellence (NICE) website.

Members are required to provide in writing an annual statement of current conflicts of interests, in accordance with the Institute's policy and procedures.

Potential members of the Public Health Programme Development Groups (PDG), and any individuals having direct input into the guidance (including expert peer reviewers), should provide a formal written declaration of personal interests. A standard form has been developed for this purpose which also includes the Institute's standard policy for declaring interests. This declaration of interest form should be completed before any decision about the involvement of an individual is taken.

Any changes to a Group member's declared conflicts of interests should also be recorded at the start of each PDG meeting. The PDG Chair should determine whether these interests are significant.

If a member of the PDG has a possible conflict of interest with only a limited part of the guidance development or recommendations, that member may continue to be involved in the overall process but should withdraw from involvement in the area of possible conflict. This action should be documented and be open to external review. If it is considered that an interest is significant in that it could impair the individual's objectivity throughout the development of public health guidance, he or she should not be invited to join the group.

GUIDELINE STATUS

This is the current release of the guideline.

In March 2010, these recommendations will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2012.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) format from the National Institute for Health and Clinical Excellence (NICE) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Prevention of sexually transmitted infections and under 18 conceptions. Quick reference guide. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. 6 p. (Public Health Intervention Guidance 3). Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.
- Costing template: one to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV and to reduce the rate of under 18 conceptions especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. Various p. (Public Health Intervention Guidance 3). Available in Portable Document Format (PDF) from the NICE Web site.
- Costing report: one to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV and to reduce the rate of under 18 conceptions especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Feb. 36 p. (Public Health Intervention Guidance 3). Available in Portable Document Format (PDF) from the NICE Web site.
- Slide set: one to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 May. 26 p. (Public Health Intervention Guidance 3). Available in Portable Document Format (PDF) from the NICE Web site.
- Implementation advice: one to one interventions to reduce the transmission of sexually transmitted infections (STI)s including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.

London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 May. 22 p. (Public Health Intervention Guidance 3). Available in Portable Document Format (PDF) from the NICE Web site.

- Audit criteria: one to one interventions to reduce the transmission of sexually transmitted infections (STI)s including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Apr. 17 p. (Public Health Intervention Guidance 23). Available from the NICE Web site.
- Methods for development of NICE public health guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2006 Mar. 131 p. Electronic copies: Available in Portable Document Format (PDF) from the NICE Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455. ref: N1186. 11 Strand, London, WC2N 5HR.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on June 18, 2007. The information was verified by the guideline developer on July 16, 2007.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 9/29/2008